

TEST INSURER 2
C/O TEST INSURER 2
123 JENNIFER ST
MADISON WI 53703

WC CLAIM NO: 9999-999999 IF YOU CALL OR WRITE US
INJURY DATE: 01/01/98 PLEASE USE WC CLAIM NO.
EMPLOYEE: SIMPLES-SAMPLER, TESTER SAMPLE
EMPLOYER: SAMPLE EMPLOYER
INSURER NO:

You advised us that you are paying worker's compensation benefits at 100% of the employee's actual wage. This is correct if at the time of the injury the employee restricted his or her availability to part-time work and was not employed elsewhere.

However, you did not include the required self-restriction statement from the employee. Please send us a self-restriction statement immediately.

If we do not receive a reply within 30 days, we will assume that the employee did not self-restrict and we will increase the weekly rate to either two-thirds of the wages for 24 hours of work (if the employee was part of a class at the time of injury) or two-thirds of the wages for full-time work (usually 40 hours).

Sincerely,

Department of Workforce Development
Worker's Compensation Division

WC45C (R. 03/1998)